STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922155	R 11/19/2018
NAME OF PROVIDER OR SUPPLIER **BELLE VISTA BLUFFS**	STREET ADDRESS, CITY, STATE, ZIP CODE **1138 ROSEMARY DRIVE** **LARGO, FL 33770**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Assisted Living Facility

On , a second revisit to a Complaint (CCR#2018009786 and 2018008167) survey was conducted at Belle Vista Bluffs. The facility had deficiencies at the time of the visit.

(License #7888)

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview the facility failed to ensure 1 (#1) resident met the requirements for continued residency.

Findings included:

Arecord review for Resident #1 on revealed documentation of a health assessment conducted by a health care provider dated stating the resident required 24-hour nursing or , , care, needed a skilled nursing facility setting or secured memory care unit and required medication administration.

During an interview with the Administrator on 11/19/18 at 11:45 AM they stated the facility does not provide nurses for Resident #1's care but had "caregivers."

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview, the facility failed to ensure 1 direct care staff (E) whose records were reviewed received all required trainings. Specifically, Staff E did not receive a 3 hour training in activities of daily living and behavioral needs.

Findings included:

During a review of Staff E's record on it revealed Staff E did not have 3 hours training in activities of daily living and behavioral needs.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

During an interview with Staff E on 11/19/18 at 10:15 AM they stated they took a 1.5 hours class of activities of daily living and assisting persons with . . . . on . . . . . This did not meet the required number of hours.

During an interview with the Administrator on 11/19/18 at 10:50 AM they stated Staff E did not have the required number of hours.

Class III